

personal history

A ♂, ♀ patient named , years old, living in , works as..... , single/ married/ divorced/ widow since (she has children , last one since) , (menarche is at years old , regular/irregular , he/she does not smoke/smokescigarettes per day , alcoholic/not alcoholic

complaint

The patient complains of disfigurement due to dilated varicosities/pain/swelling of the foot /(complication)swelling of the ankle by the end of the day/ pigmentation/itching,oozing & crusting/ulceration/cord like structure with redness,hotness/hemorrhage .

present history

in case of varicosities

varicosities started ago , with sudden/acute/gradual onset , progressive/regressive/stationary course .It firstly appeared in , increases on standing & decreases on lying down & raising the foot .

in case of pain

pain started age , with gradual onset , prgressive course , dull ache/heaviness/brusting in nature , located in , aggravated by prolonged standing , relieved by lying down & elevation of limb , pain is minimal/moderate/severe , associated with

etiology

The condition was preceded by deep venous thrombosis due to prolonged recumbency in bed as /using contraceptive method/pregnancy/abortion /puerperal sepsis/pelvic operation for/pelviabdominal mass / was preceded by trauma in/prolonged standing . The patient has flat foot , piles , varicoceles .

complications & treatment

The patient suffers/doesn't suffer from oedema/pigmentation at the inner side of the leg/eczema/ulceration(which started ago,withcourse , onset,it is/is not recurring)/thrombophlebitis/hemorrhage .

He/She didn't take any medication for this condition / He/She took amedication of nature , in the form of , for

past & family history

The patient suffered from this condition ago/didn't suffer from this condition before . There is history of prolonged recumbency in bed as /using contraceptive method/ trauma in He/She has/doesn't have hypertension/diabetes/heart disease . there is/is no similar condition in his/her family .

general examination

Examination of the patient shows kyphosis/flat foot/..... . mental status is , Temperature is C , pulse is/minute and is..... , blood pressure is mmHg , respiratory rate is/minute & is Examination of the heart & chest revealed Examination of the abdomen revealed no abnormalities/pelviabdominal swelling/gravid uterus/the dilated vein crossing the inguinal ligament/varicocele in scrotum/piles,rectal prolapse,pelvic tumoursin PR,PR .

local examination

inspection

There are Varicose Veins as the difigurement is dilated,tortuous,bluish vessels , they may be primary/secondary as the don't cross/cross the inguinal ligament , system affected is long saphenous/short saphenous/communicating/..... , varicosities are tubular/saccular/spider/serpentine , there is/is no oedema/pigmentation/eczema/ulcer/thrombophlebitis/hemorrhage . Swelling(if preseent) is pulsating , present in the femoral triangle/..... . There is/is no scars of trauma/scars of operations .

palpation , percussion & auscultation

There is/is no thrill over the swelling in the femoral triangle/over the pulsating swelling(A/V fistula) , thrombophlebitis is red,hot,tender,cord like structure. Fegan's test revealed absence/presence of blow outs . Venous emptying time is normal/delayed . Dorsalis pedis pulse is absent/felt(...../min) . Tone & tenderness of the muscles of the lower limb is normal/..... . Ulcer is There is/is no oedema . Examination of inguinal lymph nodes revealed homan's sign is +ve/-ve .

On performing Schwartz test,lower end of the vein showed/didn't show impulse.Chevrier sign is +ve/-ve (as an impulse is/is not received at the upper end). On auscultation of the arteriovenous fistula , there is murmur .

special tests

FOR INCOMPETENT PERFORATORS: On performing TRENDLENBURG TEST , RESULTS : (1)veins fill slowly from below upwards & after removal of thumb the flow will remain slowly from below upwards —→ so the valves are normal ■ (2)veins fill slowly from below upwards & after removal of thumb veins fill rapidly from above downwards —→so incompetent saphenofemoral valves ■ (3)veins fill rapidly from the start —→ incompetent valves below saphenous opening .

On performing MULTIPLE TORNIQUETS TEST , RESULTS : (1)no segments of the vein are filled —→ so no incompetent perforators ■ (2) (a) segment(s) present at is/are filled with blood —→ so incompetent perforators at this segment(s).

On performing TWO FINGER TEST , RESULTS : (a) segment(s) is filled with blood —→ so incompetent perforator .

FOR PATENCY OF THE DEEP VEINS : On performing MODIFIED PERTHE'S TEST , RESULTS : (1)varicosities increased —→occluded deep system ■ (2) varicosities decreased —→ no affection of the deep system .

diagnosis

Primary/Secondary Varicoe Veins , unilateral/bilateral , affecting long system/affecting short system/affectingcommunicating/having irregular pattern , there is/is no affection of the saphenofemoral junction/saphenopopliteal junction , there is/is no incompetent perforators , condition is uncomplicated/complicated by oedema/pigmentation/ulceration/eczema/thrombophlebitis .

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please,if your doctcr gives you any additional information ,
PLEASE ADD IT